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EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: TRADELANDS RENTAL & II	
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
SHARONNIE ERVIN (Contact Person)	
TRADELANDS RENTAL & INVESTME (Firm/Company)	ENT PROPERTIES, LLC
1740 SLW BLVD. #156 (Address)	
PORT SAINT LUCIE, FL 34986 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
wi (272) 807-1832 ra Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee	• • •
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited lia			of the Florida Department PROPERTIES, LLC
2. This limited liability compa			,
3. The Florida document/regis L08000106060	stration number of th	nis limited liability con	npany is:
4. I, RONNIE ERVIN		, hereby resign as a	MGRM
(Print Name of Perso	n Resigning)		(Print Title)
of this limited liability compresignation in writing.	any and affirm the l	imited liability compa	ny has been notified of my
Signature of Resigning Men	nber, Managing Mer	mber or Manager	
Filing Fee: \$25.00	(Required)		

Certified Copy:

\$30.00 (Optional)